		T		Ì						I
ADVANCE OF FUNDS	1. TYPE OF ADVANCE  CASH	2. TYPE OF TE		3. NAME (Last, first,	middle initial)					4. ACCOUNT NO.
APPLICATION AND ACCOUNT	СНЕСК	5. TELEPHONE NUMBER(S) 6. SOCIA					6. SOCIAL SECURITY A	OCIAL SECURITY ACCOUNT NO.		
In compliance with Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, and E.O. 9397 of November 22, 1943. The primary purpose of the information is to facilitate the review, approval, accounting, and advancement of funds for travel and certain relocation allowance expenses to be			7. DEPARTMENT OR ESTABLISHMENT  8. BUREAU, DIVISION OR OFFICE  9. APPLICATION - (For completion by applicant)							
			An advance of funds is hereby requested for travel and other expenses to be incurred by me.					e. BALANCE DUE U.S. FROM PREVIOUS ADVANCE	\$	
incurred under appropriate administrative authorization. The requested information will be used by officers and employees of this agency who have a need for such information in the performance of their official duties. The information will be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal.		a. UNDER AUTHORIZATION NUMBER				b. DATE OF AUTHORI- ZATION		f.AMOUNT HEREIN APPLIED FOR	\$	
		c. TRAVEL PERIOD		<u>L</u>		To		g. TOTAL	\$	
or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, security clearances, or other investigations of the performance of official duty while in Government service. Your Social Security Number (SSN) is solicited for use as an employee identification number. Disclosure of the requested information is voluntary; however, failure to provide the information required may result in delay or suspension of your advance of funds request.			(Give address - number, street, city, State, ZIP code)					Note: Outstanding advances not fully recovered by deductions from reimbursement vouchers must be promptly repaid. When travel is canceled or indefinitely postponed, the full amount of any outstanding advance shall be repaid immediately		
										DATE
10. APPROVAL	SIGNATURE AND TI	ITLE OF APPRO	VING O	FFICIAL		DATE APPR	ROVED	11. APPROI	PRIATION TO BE CHARG	ED
12. REMARKS						•		13. CASH P	AYMENT RECEIVED	DATE
										FORM 1038 (REV. 10-77)

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13. RECOR	D OF ACCOL	JNT	NAME	ACCOUNT NO.				
TRANS- ACTION DATE	TRAVEL PERIOD		REFERENCE (Schedule or	(Opti	ional)  DEXPENSE VOUCHER	ADVANCE ACCOUNT		
	FROM	то	voucher number)	VOUCHER TOTAL	AMOUNT PAID EMPLOYEE	ADVANCED	REPAID	BALANCE DUE